YOUTH & HIV/AIDS

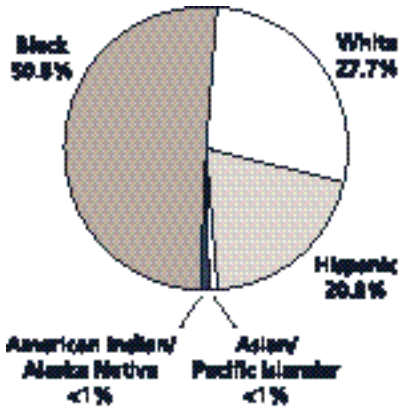
One-quarter of the 40,000 new HIV infections in the United States annually are among individuals under age 21.[1] Because of the average time from HIV infection to progression to AIDS, poor access to HIV testing, and lack of HIV reporting systems, surveillance data are an especially inadequate mechanism for grasping the scope of the epidemic among adolescents.

SURVEILLANCE

Reproductive concerns place young women in contact with the health care system earlier than young men, improving access to HIV counseling and testing. Of the 360 AIDS cases reported among young people ages 13 to 19 from July 2000 through June 2001, females made up 47.8 percent, a larger proportion than for any other age group.[2]

Among 13- to 19-year-olds, 50.8 percent of the cumulative reported AIDS cases are among blacks, 27.7 percent are among whites, and 20 percent are among Hispanics.[3]

AIDS Cases Reported Among Adolescents Ages 13 to 19 Through June 2001[3]



CRITICAL ISSUES

Although young people constitute a significant proportion of people living with HIV disease, few are in care. The development of more effective programs for linking youth with the services they need is critical.

The experience of CARE Act providers indicates that many youth at risk for HIV suffer disproportionate risk for homelessness, stigma related to sexual orientation, and poverty. These problems must be addressed in a comprehensive manner if HIV infection is to be treated appropriately.

Most studies show an increased awareness among individuals in the United States of HIV disease, but accurate information remains elusive. For example, youth in a Houston study believed that HIV infection is limited to “unpopular social groups.” The same study showed that a decrease in sex education accompanied an increase in homophobia and inaccurate beliefs about HIV infection.[4]

Successful efforts to educate youth about HIV infection and to bring HIV-infected youth into care must reflect that at-risk youth do not compose a single group. Rather, they are of different ages, genders, sexual orientations, races, and economic circumstances. Additionally, youth have various cognitive abilities and may live with other conditions, such as mental illness or substance abuse. All of these issues are related to sexual behavior patterns.[4,5]

Unprotected sexual intercourse and multiple sex partners place young people at risk for HIV infection, other sexually transmitted diseases (STDs), and pregnancy. Each year, approximately 3 million cases of STDs occur among teenagers and approximately 1 million teenagers become pregnant. In 1997, 48 percent of high school students had ever had sexual intercourse, 16 percent of high school stu-

One-quarter of the 40,000 new HIV infections in the United States annually are among individuals under age 21.

dents had had four or more sex partners during their lifetime, and 43 percent of sexually active high school students did not use a condom at last sexual intercourse.[6]

Several barriers to HIV counseling and testing keep many youth unaware of their serostatus and out of care. The most common barriers cited in the literature include limited understanding of HIV disease and the links between the disease and particular behaviors; feelings of invincibility; inadequate numbers of youth-friendly counseling and testing facilities; fear of being tested and of receiving the test result; and consent and confidentiality concerns.[7,8]

Adolescents face the same treatment challenges as adults, including issues related to treatment adherence, which are exacerbated by the need to take medications at school. A wide network of support from a variety of individuals may be necessary for supporting adherence in adolescents.[10]

YOUTH & THE RYAN WHITE CARE ACT

A survey among 10 CARE Act-funded sites reveals a significant need for services among HIV-positive adolescents. HIV-positive youth reported needing mental health services at high rates—49 percent for HIV-positive males versus 29 percent for those whose HIV status was unknown. Similarly, 36 percent of HIV-positive females compared with 25 percent of those with unknown status, needed mental health services. A greater percentage of youth known to be HIV positive needed outpatient drug abuse treatment: 14 percent for HIV-positive males versus 7 percent of unknown HIV status; 17 percent of HIV-positive females versus 6 percent of unknown HIV status.[9]

Adolescents and their families are served by all CARE Act programs, and the Title IV program specifically focuses on the needs of women, children, adolescents, and families. For example, in 1998 the Title IV program awarded five new Adolescent Initiative grants to agencies located in Chicago, New Orleans, San Francisco, Boston, and Puerto Rico to improve networks that link counseling and testing, primary care, support services, and clinical research for young people.

The CARE Act Special Projects of National Significant (SPNS) Program funded 10 projects from 1994 through 1997 to support the development, evaluation, and replication of improved methods of providing care to HIV-positive adolescents. The publication, Getting HIV Youth Into Care: Issues and Opportunities, describes the results and is available through the HRSA clearinghouse at 1-800-ASK-HRSA. Two other publications addressing youth and HIV are also available through HRSA: Adolescents in Youth Empowerment Positions: Special Projects of National Significance, and Interventions Provided in 10 Adolescent-Targeted Projects for HIV/AIDS Services. More recently, SPNS has funded five additional adolescent programs in the continuing effort to improve networks that

REFERENCES

1. Office of National AIDS Policy. The national AIDS strategy, 1997. Available at: http://clinton2.nara.gov/ONAP/nas/ns_toc.html
2. Centers for Disease Control and Prevention (CDC). HIV/AIDS Surveillance Report. 2001;13(1):20. Table 13.
3. CDC. HIV/AIDS Surveillance Report. 2001;13(1):14. Table 7.
4. Montoya ID. Changes in economically disadvantaged adolescents' knowledge and beliefs about HIV/AIDS. Clin Lab Sci. 2001;14:167-72.
5. Diamond C, Buskin S. Continued risky behavior in HIV-infected youth. Am J Public Health. 2000;90:115-8.
6. CDC. Sexual behaviors [CDC website]. Available at: www.cdc.gov/nccdphp/dash/ sexualbehaviors.htm.
7. Johnson L, Stanford PD, Douglas W Jr, et al. High-risk sexual behaviors among adolescents engaged through a street-based peer outreach program—the Adolescent HIV Project. J Natl Med Assoc. 2001;93:170-7.
8. Jackson S, Hafemeister TL. Impact of parental consent and notification policies on the decisions of adolescents to be tested for HIV. J Adolesc Health. 2001;29:81-93.
9. Huba GJ, Melchior LA, Panter AT, and the HRSA/HAB SPNS Adolescent Initiative Project Directors. Knowledge item: AD-summary presentation-01 from HRSA/HAB's SPNS Adolescent Models of Care. The Measurement Group Knowledge Base on HIV/AIDS Care; 1999. Available at: http://www.themeasurementgroup.com.

This fact sheet is published by the HIV/AIDS Bureau, Health Resources and Services Administration,
U.S. Department of Health and Human Services.
Please forward comments, letters, and questions to
HIV/AIDS Bureau n HRSA n 5600 Fishers Lane n Room 7A-05 n Rockville, MD 20857
Phone: 301-443-1993 n Web: http://hab.hrsa.gov